

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/782,751
				Filing Date	February 23, 2004
				First Named Inventor	Nicolas Popp
				Art Unit	2134
				Examiner Name	Simitoski, Michael L.
Sheet	1	of	2	Attorney Docket Number	026970-002500US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US-2003028664 A1	02-06-2003	Tan Kaijun et al.	
	AB				
	AC				
	AD				
	AE				
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FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AS	GB	2 317 983		04-08-1998	Samsung Electronics Co. Ltd.		<input type="checkbox"/>
	AT	EP	1 267 516		12-18-2002	Daniel Buttiker		<input type="checkbox"/>
	AU							<input type="checkbox"/>
	AV							<input type="checkbox"/>
	AW							<input type="checkbox"/>

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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	BA	European Search Report, Dated November 10, 2008, 2 pages	<input type="checkbox"/>
	BB		<input type="checkbox"/>
	BC		<input type="checkbox"/>
	BD		<input type="checkbox"/>
	BE		<input type="checkbox"/>
	BF		<input type="checkbox"/>
	BG		<input type="checkbox"/>
	BH		<input type="checkbox"/>
	BI		<input type="checkbox"/>
	BJ		<input type="checkbox"/>

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